

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

FILED NO. 10/574574
FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓		↓		↓							
TOTAL DEP.	12	←		←		←							
TOTAL CLAIMS	13	██████████	██████████	██████████									